

DEPARTMENT EAP EMERGENCY ACTION PLAN

UCSF Medical Center

UCSF Benioff Children's Hospital

DEPARTMENT: PARNASSUS MEDICAL CENTER FACILITIES MANAGEMENT
BUILDING/MAIN ROOM NUMBER: 505 PARNASSUS AVE, SUITE L210
MAIN PHONE NUMBER: 415-353-1120

DEPARTMENT MANAGER (TITLE): BRUCE MACE (SENIOR DIRECTOR)

CONTACT INFORMATION (PHONES, EMAIL):

415-353-7109 (O)

415-728-3105 (C)

415-443-1952 (P)

bruce.mace@ucsf.edu

SECONDARY DEPARTMENT MANAGER/SUPERVISOR (TITLE): JHORIC DE GUZMAN (DIRECTOR – OPERATIONS & REGULATORY)

CONTACT INFORMATION (PHONES, EMAIL):

415-353-1129 (O)

415-860-6414 (C)

415-443-2822 (P)

jhoric.deguzman@ucsf.edu

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TERTIARY DEPARTMENT MANAGER(S)/SUPERVISOR(S)

ALAN LADWINIEC (OPERATIONS MANAGER - Parnassus)

alan.ladwiniec@ucsf.edu

415-514-6666 (O)

415-350-5026 (C)

EDMON OBINIANA (ASSOCIATE DIRECTOR)

edmon.obiniana@ucsf.edu

415-713-9313 (C)

[illegible]

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SECTION 1 >> INTRODUCTION

A. Purpose:

The purpose of the Medical Center Facilities Department EAP (Emergency Action Plan) is to plan and provide a structure/framework for the Facilities Department in a medical center-wide emergency incident/event during response and recovery efforts.

B. Objectives:

- A written document required to facilitate and organize employer and employee actions during workplace emergencies.
- Fulfill Joint Commission Requirement EM.01.01.01 in support of the overall Medical Center's Emergency Operations Plan (EOP)
- Align with the overall Medical Center mission of Emergency Management. Based on the four phases of emergency management of mitigation, preparedness, response, and recovery Emergency Management's mission is to manage and protect primarily staff who in turn will be able to provide a high standard of care for the patients and visitors at UCSF Medical Center during, before, and after emergency incidents/events.
- Empower staff in ensuring knowledge of the Department EAP and processes of response and recovery during a declared medical center-wide emergency incident/event.

C. Scope:

This plan is intended to guide emergency response and recovery efforts. If a larger disaster impacts multiple departments across the institution, the UCSF Medical Center Emergency Operations Plan will be activated. All Departmental EAPs ultimately roll up to the comprehensive UCSF Medical Center Emergency Operations Plan.

D. Planning Assumption:

- Emergency Incidents/Events occur anytime and any day.
- Account and plan for day shift, night shift, and weekend shifts

E. Authorities:

The following documents outline and support authorities and references that assisted in the development and implementation of this Department Emergency Action Plan.

- FEMA Continuity Guidance Circulars 1 and 2
- Joint Commission – Emergency Management Standards
- UCSF Medical Center Emergency Management Policies
- UCSF Medical Center Facilities Management Departmental Policies
- UCSF Medical Center Emergency Operations Plan (Volume I and II)

F. Definitions:

Emergency: An emergency is an unexpected or sudden event that significantly disrupts the organization's ability to provide care, or the environment of care itself, or that results in a sudden, significantly changed or increased demand for the organization's services. Emergencies can be either human-made or natural (such as an electrical system failure or a tornado), or a combination of both, and they exist on a continuum of severity. A disaster is a type of emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and



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requires outside assistance to sustain patient care, safety, or security functions.

Hospital Command Center (HCC): The operating facility that serves as the command and control point for emergency management officials responding to, or preparing for, the onset of an incident.

Isolated Emergency: An emergency incident/event that is isolated to a floor or unit that be corrected within that floor or unit in a controlled time frame.

Medical Center-Wide Emergency: An emergency incident/event that affects the majority of the medical center impacting several services and/or could possibly extend beyond 96 hours.

SECTION 2 >> CONCEPT OF OPERATIONS

- A. The Four Phases of Emergency Management
 - **Mitigation** – activities which actually eliminate or reduce the chance of occurrence or the effects of a disaster (i.e., facility improvements, hazard vulnerability analysis).
 - **Preparedness** – planning how to respond in case an emergency or disaster occurs and working to increase resources available to respond effectively (i.e., detailed plans, updated information, training and exercises).
 - **Response** – activities that occur during and immediately following a disaster (i.e., incident-specific response procedures).
 - **Recovery** – continues until all systems return to normal, or near normal. Short-term recovery returns vital life support systems to minimal operating standards. Long term recovery from a disaster may go on for years until the entire disaster area is completely redeveloped; either as it was in the past or for entirely new purposes that are less disaster-prone (i.e., recuperation of financial, human and materials resources).
- B. **Hospital Incident Command System (HICS)/Hospital Incident Command System – Department (HICS-D)**
– Developed by the US Federal Government and subsequently implemented and adopted by state, tribal, and local governments HICS is an emergency management system that employs a logical management structure, defined responsibilities, clear reporting channels, and a common nomenclature to help unify UCSF Medical Center in its emergency response along with other hospitals and community emergency responders. HICS is activated at the discretion of the Administrator-On-Call (AOC) to manage the emergency incident/event and ultimately deactivated when medical center operations are deemed at near normal or stable capacity. HICS consists of a flexible management organizational chart that allows for a customized hospital response to any emergency incident/event. The HICS organizational chart is divided into individual positions grouped into four sections: Operations, Planning, Logistics, and Finance. This division of tasks provides a realistic span of control for each Section Chief and all Managers, Directors, and Unit Leaders reporting to that Chief.
- C. **Department Operations Center (DOC)** – Physical or virtual space where HICS-D can coordinate operations during a response and recovery and streamline communication to HICS and/or HCC when activated.
- D. **Pre-Incident Risk Assessment**

A hazard vulnerability analysis (HVA) is conducted annually, and these top five threats have been identified. For detailed results, see the HVA document.



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Rank	Hazard	Type
1	Earthquake	Elements of Nature
2	Flood (Internal)	Water
3	Power Disruption	Utility
4	Elevator Disruption	Patient/Supply Transport
6	Temperature Emergency (Hot/Cold)	Elements of Nature
7	Code Dry (Water Shutoff)	Water Disruption

SECTION 3 >> RESPONSIBILITIES

- A. **Department Manager/Supervisor or Charge Nurse** – Bruce Mace, Medical Center Facilities Director, will be the person in charge. If Bruce is unavailable, orders of succession (see part F of Section 3) below will be followed. The person in charge will be responsible for ensuring their department respond adequately to a disaster.

Department Managers/Supervisor or Charge Nurse are responsible for ensuring their departments respond adequately to any emergency by providing necessary orientation and training. Department Managers/Supervisor or Charge Nurse should review hospital-wide disaster-specific plans with their staff and develop department-specific disaster plans to outline department-specific actions. Managers should use the Emergency Conditions and Basic Staff Response “rainbow chart” as a reference for possible situations for which the department must prepare.

- B. **Staff** – are responsible in maintaining business continuity or to function outside their day-to-day role in a specific emergency role/function designated at the discretion of the Department Manager/Supervisor or Charge Nurse prior or during an emergency. Staff are also requested to do the following:
- Limit email and telephone use
 - Remain calm;
 - Are not to go home unless allowed by the Incident Commander
 - Maintain situational awareness by listening to overhead announcements and directions
 - Continue care for patients, staff and visitors
 - Obtain supplies normally

- C. **Physician** – The role of physicians (medical staff) within Emergency Management is to maintain and ensure



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patient care and safety of patients and business continuity within the four phases of Emergency Management (mitigation, preparedness, response, and recovery). Medical staff will coordinate and receive further direction from the Charge Nurse of the Clinical Unit to which they are assigned or in which they work. Maintain and ensure patient care and patient safety of patients. Ensure business continuity as situation and circumstances permits.

D. Labor Pool

A labor pool is a source of trained and skilled workers that can be utilized at a central point for assignment. The Labor Pool/Internal Volunteer for Emergency Incident/Events site (www.laborpool.ucsfhealth.org) will collect and inventory staff skills and align them with the needs of the medical center before, during, and after an emergency incident/event.

E. HICS-D

- **Department Command Section**

- Identifies the person in charge.
- Additional positions may be required depending on the nature, scope, complexity, and location(s) of the incident(s) or according to specific requirements established by the Incident Commander – Department (IC-D).

- **Department Operations Section**

- The Operations Section is responsible for all tactical activities focused on reducing the immediate hazard, saving lives and property, establishing situational control, and restoring normal operations.

- **Department Planning Section**

- The Planning Section collects, evaluates, and disseminates incident situation information and intelligence to the IC-D and incident management personnel.
- This Section then prepares status reports, displays situation information, maintains the status of resources assigned to the incident, and prepares and documents the Incident Action Plan (IAP).

- **Department Logistics Section**

- The Logistics Section is responsible for all service support requirements needed to facilitate effective and efficient incident management, including ordering resources.
- This section also provides facilities, supplies, equipment maintenance and fuel, food services, communications and information technology support.

- **Department Finance Section**

- A Finance/Administration Section is established when the incident management activities require on-scene or incident-specific finance and other administrative support services.

F. Orders of Succession

In the event that the Manager on Duty of Department Director for any reason is not available during an emergency, the order of succession (alternate manager, back-up manager, and so forth) will be the person in charge.



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Successor	Current Position	Home Address Location	Phone Number(s)
Jhoric De Guzman	MCFM Director	Novato	Office – 415 353-1129 Cell – 415-860-6414
Edmon Obiniana	MCFM Associate Director	Daly City	Office – 415-353-1126 Cell – 415-713-9313
Alan Ladwiniec	MCFM Operations Manager	San Francisco	Office – 415-514-6666 Cell – 415-350-5026
Norma Lopez	Chief Engineer - Parnassus	San Francisco	Office – 415-514-6355 Cell – 415-238-6435

SECTION 4 >> STANDARD OPERATING PROCEDURES

Note: Standard Operating Procedures (SOP's) are operating procedures that is conducted in an emergency. Please customize the plan information as appropriate for your areas.

A. Activation

- The decision to activate the Department EAP may be made by any of the following: Department Manager/Supervisor or Charge Nurse, Administrator on Call (AOC), the Nursing Supervisor, a Senior Administrator, with the advisement from the Director of Emergency Management.
- The Department EAP may be activated in conjunction with the UCSF Medical Center Emergency Operations Plan or standalone.

B. Department Operations Center (DOC)

DOC should have power/utilities/communication equipment and access to emergency supplies.

- Primary Location: 505 Parnassus L210
- Secondary Location: Mt. Zion Facilities Planning Room
- Tertiary Location: Mission Bay M2220

C. Alternate/Backup Operating Locations

- Insert information regarding any alternate/backup locations (sites, locations within the building) where you can relocation operations if your primary worksite is damaged or destroyed.

Primary Facility/Site	Alternate/Backup Operating Locations
505 Parnassus Ave, L210 San Francisco, 94143	Mt. Zion Facilities Planning Room
Mt. Zion Facilities Planning Room	Mission Bay M2220

D. Essential Functions

- Departmental functions and activities that must be continued under all circumstances.

Within the six areas, input essential functions that should be described and prioritized to ensure your



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department is on the same page during an emergency incident/event.

Priority	Essential Functions
6	<u>Patient Clinical + Support Activities</u> : Ensure immediate needs to patients and staff are addressed
2	Communications: Internal personnel notification/mobilization, Affected area Everbridge, Initial notification from MCFM, ALL subsequent Everbridge to come from Emergency Management (Everbridge Business Owner)
4	<u>Resources + Assets</u> : Ensure ALL appropriate incident response and mitigation equipment is available and in working order
5	Safety + Security: Ensure safety and security of all staff, patients, and visitors
3	<u>Staff Responsibilities</u> : Ensure that all MCFM personnel understand their individual responsibilities and critical roles during emergency situations
1	Utilities: Ensure that all critical hospital utility infrastructure is functional and if not functional, is made a priority for immediate attention

E. Fire/Life Safety Management

- Fire Extinguishers – Located in L210
- Fire Extinguishers – Located in L210
- Emergency Lighting and Red Plugs – Located throughout L210 common areas and office suites
- Crash Cart (Patient Care Areas Only) – N/A
- Fire Doors and Nearest Area of Refuge – Medical Center Way is primary rally point

R.A.C.E. Procedure

- R – Remove those in danger
- A – Announce: Pull alarm and call 9 + 911
- C – Contain fire: Close door to fire/area doors
- E – Extinguish if safe to do so or evacuate

P.A.S.S. Procedure for Fire Extinguishers

- P – Pull out the pin in the handle, and raise the horn or nozzle
- A – Aim the horn or nozzle at the base of the fire
- S – Squeeze the handle to open the valve, directing discharge at the base of fire
- S – Sweep back and forth along the base of the fire



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F. Evacuation

If your department is an inpatient care area, please use the “Patient Care” section. If not, continue filling in the “General” evacuation procedures. Erase the “Patient Care” section if you are not within an inpatient care area. Please refer to EOC Fire Life Safety Policy 5.1.0 for reference. If you have any questions, contact the UCSF Fire Marshal – Tim Brey email: timothy.brey@ucsf.edu.

- Two main forms of evacuation:
 - **Horizontal Evacuation** – (Primary) Remove patient or patients from the room (scene of emergency) to an area of refuge within the same unit or department. If necessary, evacuate people on the same floor from one unit to another or one wing to another, through the fire doors to a safe compartment (area of refuge).
 - **Vertical Evacuation** – (Last Resort) Evacuate from one floor to another floor below. Authorization to use specific elevators or stairwells to be given at the time of evacuation.
- Determining and Activating an Evacuation
 - An area may need to be evacuated due to fire, smoke, hazardous materials spill/release, explosion, earthquake, bomb threat, hostage situation, HCC Activation, etc.
 - Overhead announcement of “**Operation Exit (Stage)**” will be announced.
 - Alert Stage – Be aware that an evacuation may be announced. Begin planning.
 - Non-Urgent Stage – Evacuate patients who can be moved per instructions. Staff to remain with patients who cannot be moved.
 - Immediate State – Evacuate immediately; disaster imminent; do not remain with patient who cannot be quickly moved.
- Activation is done by fire alarm, announced by overhead page, department manager, and/or charge nurse.
 - Return to normal work duties when “All Clear” is announced by the Fire Department, Facilities (structural damage), Environmental Health and Safety (hazardous chemical spill), or Security.
- The nearest Emergency Stair Exit or path to the exterior of the building is located [L210 Entrance \(South side exit door adjacent to L210 conference room\)](#)

G. Emergency Assembly Areas

- The Emergency Assembly Area is a location external to the building to where staff will assemble safely



away from the emergency.

- Primary location is [Medical Center Way next to Campus Central Utility Plant \(C.U.P.\)](#)
- Secondary location if the primary location cannot be occupied is [350 Parnassus Outside stairs](#)

SECTION 5 >> Continuity of Operations

A. Reconstitution: Recovery and Resumption of Services

Reconstitution is the process by which surviving and/or replacement organization personnel resume normal operations in the primary operating space (a single department, floor, or the entire facility). In some cases, extensive coordination may be necessary to backfill staff, procure new operating space or facility, and re-establish communications, IT infrastructure, and essential records.

The four key phases of reconstitution for any type of operating space are:

1. Re-enter the physical space - ensure safety
2. Re-open the physical space - replenish supplies, equipment, and staff
3. Repatriation of patients, if a patient care area
4. Resumption of normal service delivery



B. Prioritization

An orderly return to the new or restored facilities will be established based on the safety of the facility and the resources available. Because the facility may be reopened in phases, a staggered staff schedule may be implemented. A detailed communication plan will be implemented to ensure that staff are notified accordingly.

An overview of steps includes:

1. Inform all personnel that the emergency no longer exists.
2. Implement a priority-based phased approach to reconstitution.
 - a. Inspect and repair/replenish affected areas.
 - b. Get approvals to re-open.
3. Notify employees of reconstitution and when to report.
4. Provide instructions for resumption of normal operations.
5. Verify all systems, communications, and other required capabilities are available and operational.
6. Identify vital records affected by the incident and ensure an effective transition or recovery of records.
7. Most critical functions transferred last.
8. Notify stakeholders of reconstitution.
9. Prepare After-Action Report, Corrective Action and Improvement Plans

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C. Reconstitution: Hierarchy of Repopulation Approvals

Dependent upon circumstances, the following sequential steps should be expected prior to the repopulation of evacuated hospital facilities.

Steps	Completed (Y/N)
A. Local government agencies have removed restrictions, if any, related to the environmental quality in the area or facility for the types of patients to be moved back into the facility.	
B. Local Fire Department and/or Law Enforcement agency representative allows re-entry to the specific evacuated building/buildings of the hospital and/or allows re-entry to evacuated facilities, as applicable.	
C. If structural integrity or any major building system is compromised, OSHPD inspects and repopulation cannot occur until any red and yellow building tags are removed from the impacted building by OSHPD.	
D. The MCFM Incident Response Team (IRT) Incident Commander (IC) oversees an assessment of environmental safety, facilities, operations and resources and prepare the facility for repopulation.	
E. IC maintains communication with Hospital Command Center (HCC) personnel regarding facility status, progress and estimated timeframes for reopening of facility (ies). HCC personnel communicate with Dept. of Public Health.	
F. Once the determination is made that hospital facilities are safe for patients, staff and visitors, programs and services can be resumed, and repopulation can be initiated, CEO or delegate will make a determination, based on best judgment, that the facility is ready to repopulate.	

Reconstitution: General All-Hazards Hospital Re-Population Factors

The following factors/steps should be considered as appropriate to the type of evacuation.	Completed (Y/N)
A. Facilities are determined to be structurally sound and safe, and systems are not compromised, for occupancy. If not safe, may require repairs/ retrofits/ replacements that need to be approved by OSHPD, fire marshal and L&C.	
B. Air particulate exposure levels (e.g., smoke, chemicals) in buildings are documented to be reduced to acceptable/safe levels as defined by Cal/OSHA permissible exposure limits (PELS) and local Air Quality Management District Standards using available methods (e.g., air scrubbers, open windows, blowers, HAZWOPER response, etc), if needed. Only test equipment appropriate to the hazard should be used to determine safe levels of habitability and may require an outside testing laboratory service.	
C. Hospital shall have a plan to prepare for and implement repopulation.	
D. All interior and exterior surfaces/areas are clean and free of debris (e.g., counters, walls, drawers, closets, roof, parking facilities, etc).	
E. All filters in the facility, HVAC systems, and generators, etc. should be cleaned/replaced, if needed.	



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F. All items within the facility that can be affected by spoilage due to loss of power and/or high temperatures are tested and repaired/replaced/quarantined, as needed (e.g., food, medications, radioactive supplies and equipment, computerized diagnostics, etc.).	
G. Essential functions and supplies/supply chains (pharmacy, supplies, laundry, etc.) are returned to operational status. The facility's ability to provide essential services should be sustainable for the long term.	
H. Full & non-abbreviated generator & smoke detector tests are completed, if needed.	
I. HVAC systems are tested and operational, if needed.	
J. Utilities are tested & operational (electricity, water supply & quality, plumbing, etc.).	

SECTION 6 >> EMERGENCY COMMUNICATIONS

A. Redundant Forms of Communication

- Utilize Appendix G: Quick Guide with updated phone numbers for the main phone, backline, and Centrix.
- Phone numbers and modes of communication will be updated that include but not limited to: landlines, cell phones, texting (cell phone or third party apps i.e., WhatsApp, Line, etc.), Voalte phone, fax, and etc.

B. Department Emergency Call Back List

- Staff organized in proximity to the Medical Center in callback procedures utilizing Appendix A: Department Emergency Call Back List.
- Appendix A is secured in a private location and to only be accessed upon updating, drills, trainings, exercises, and actual emergency incident/events by department management.

C. Target Notification System (Everbridge)

- Everbridge is an Targeted Notification System used to send notifications to individuals or groups, using lists, locations, and visual intelligence. This system keeps everyone informed before, during and after events (ex. Major disaster, Employee strike, etc.). For more information, please go to: <https://it.ucsf.edu/services/everbridge>
- Everbridge contains work contact information (i.e., Work Phone, Work Cell, Work Email, etc.). Instruct staff to add or update their personal contact information (i.e., Home Phone, Personal Cell) via the **Everbridge Member Portal** which can be accessed via <https://MyAccess.ucsf.edu>, click **Everbridge Member Portal**.
- **The updated information in the Everbridge Member Portal will not update your HR information. Instruct staff to update their work contact information in their HR record by accessing the <https://directory.ucsf.edu/>**
 - Enter name in *People Search* field
 - Click '*People Search*' button
 - Click '*Edit My Record*' button
 - Click '*Save Changes*' button



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D. Communications Template for Target Notifications

- i. In the event of a Medical Center Facilities emergency, the department, in conjunction with Medical Center Emergency Management will communicate with key organization stakeholders to keep them informed on emergency impact, response, mitigation, and ultimately event recovery.
- ii. Medical Center Facilities Management identifies emergencies based on impact and estimated time. There are three tiers of Facilities Disruption priorities based on the following matrix:

Emergency Tier	Definition	Everbridge Group to be Contacted	Everbridge Group Name
P3 – Priority 3	Utility system disruption of <u>LESS THAN 2</u> hours with <u>NOT MORE THAN 1</u> department or area impacted	<ol style="list-style-type: none"> Local Department Facilities Management Nursing Supervisor Patient Care Directors AOC 	<ol style="list-style-type: none"> Incident Specific MCFM Managers Nursing Supervisors (Site Specific) Patient Care Directors AOC - AOC Pager
P2 – Priority 2	Utility system disruption <u>GREATER</u> than 2 hours with <u>MORE THAN 1</u> department or area impacted	<ol style="list-style-type: none"> Local Department Facilities Management Nursing Supervisor AOC Patient Care Directors Senior Leadership 	<ol style="list-style-type: none"> Incident Specific MCFM Managers Nursing Supervisors (Site Specific) AOC - AOC Pager Patient Care Directors Sr. Leadership
P1 – Priority 1	Utility system disruption <u>GREATER</u> than 2 hours <u>HOSPITAL/SYSTEMS/MULTIPLE</u> departments or areas impacted	<ol style="list-style-type: none"> Local Department Facilities Management Nursing Supervisor AOC Senior Leadership Patient Care Directors Additional Subject Matter Expert Stakeholders Consider ALL UCSF employees 	<ol style="list-style-type: none"> Incident Specific MCFM Managers Nursing Supervisors (Site Specific) AOC - AOC Pager Sr. Leadership Patient Care Directors Incident Specific



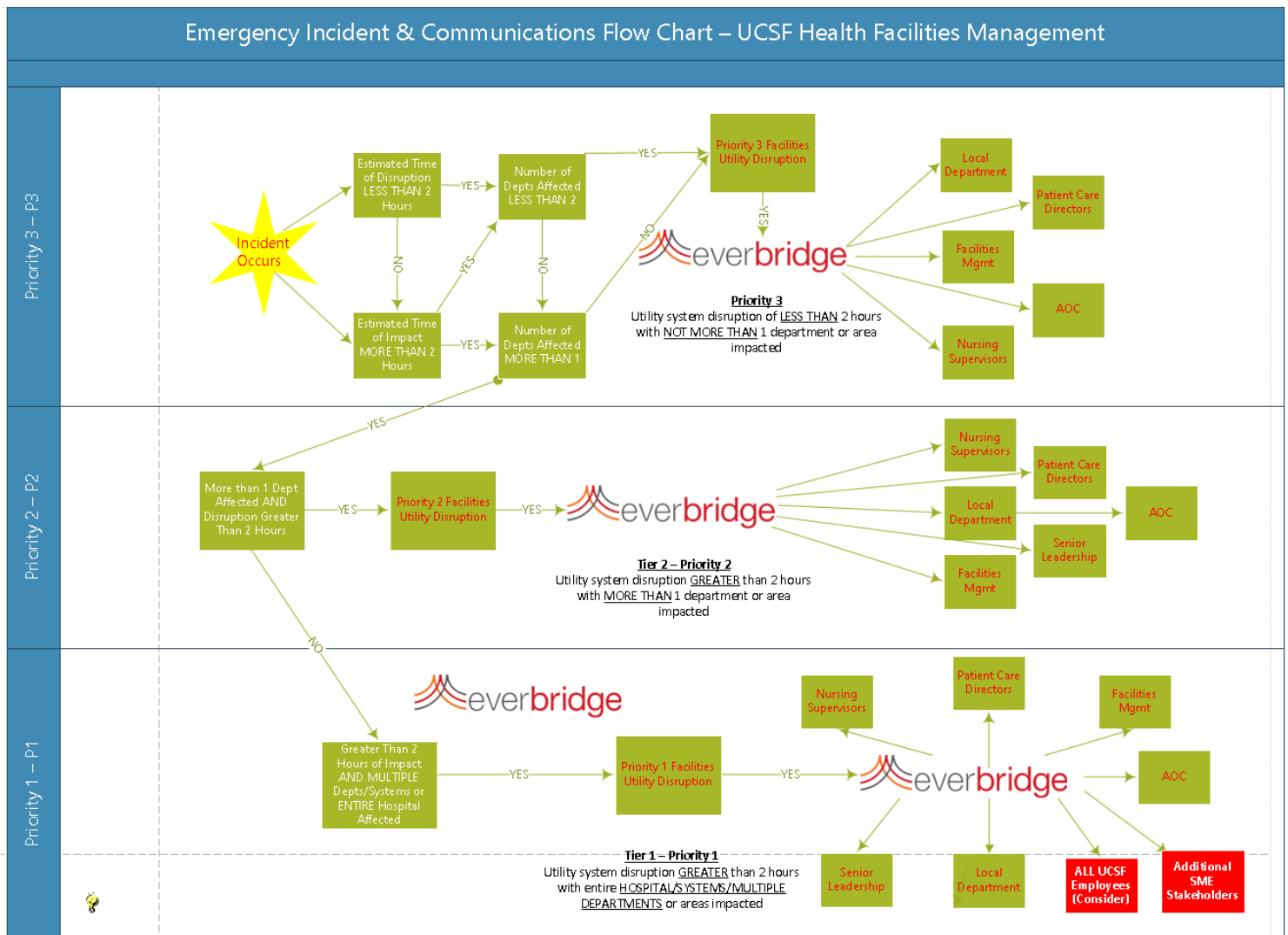
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E. Communications Template for Target Notifications

- Medical Center Facilities Management Manager On Duty (MOD) or delegate to utilize following workflow to determine incident priority (P1, P2, P3) and appropriate distribution lists:



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1. If there is a Facilities or Utility related emergency and you are the MOD take the following steps:
2. Gather all emergency-related information to determine the Tier or Priority Level of the Emergency based on the table above.
3. If you determine that Emergency Notification needs to be sent via Everbridge, login to Everbridge Manager portal at <https://manager.everbridge.net/login> with the MCFM MOD account using the following information:
 - a. Username – mcfmmod
 - b. Password – Repairmaintain\$ (password IS case sensitive)

4. Once logged in, MOD will navigate to “Med Center Alerts” user mode to enable alerts to be sent



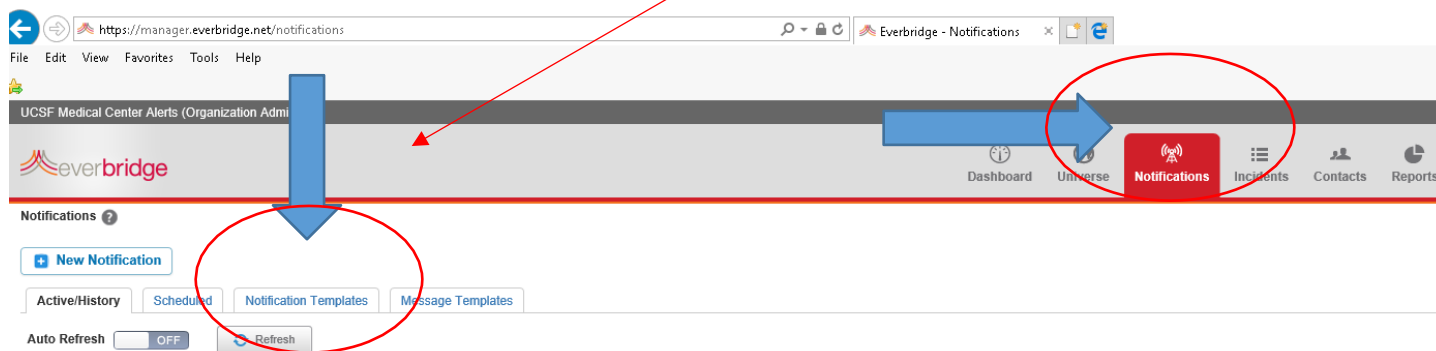
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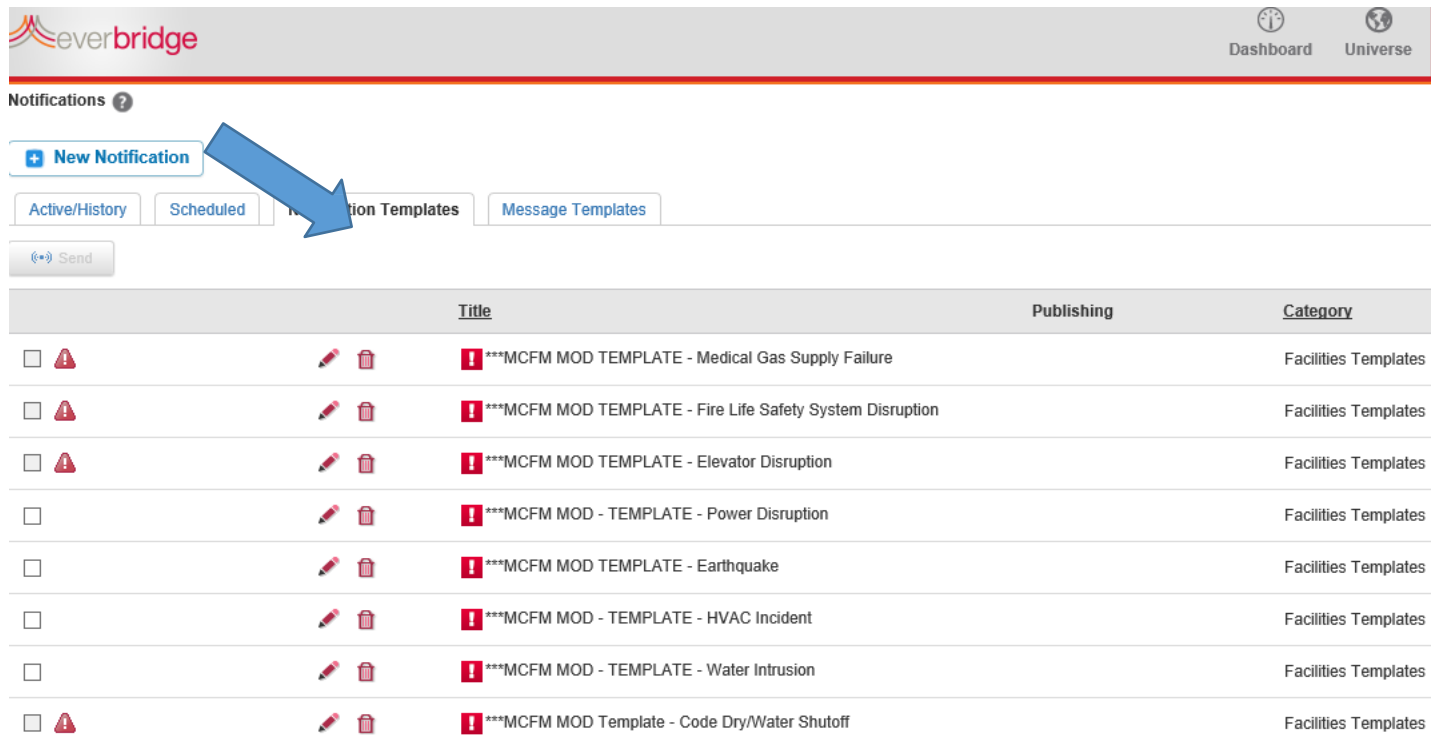
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5. Once in Medical Center Alerts User Mode, select **“Notifications”** and then **“Notification Templates”** to choose correct template that corresponds to the emergency.



6. Choose **“Title”** to toggle MCFM emergency templates to populate to the beginning of available notification templates and choose the appropriate template based on emergency.



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7. Once appropriate template is selected, update TITLE, SMS TEXT INFO, EMAIL BODY INFO and DATE/TIME


Update Message

☒ High priority message 

* Title

***MCFM MOD TEMPLATE - Earthquake
















Body

Text ☒ Include a separate message for email notifications 

SMS Text, Fax, Pager, Text-to-speech conversion

- Who: Facilities Management Update
- What: *** What is happening*** (Example – Major earthquake has occurred. Multiple building and utility systems impacted)
- Where: ***Where is this issue taking place*** (Example – Epicenter of quake reported to be within 5 miles of UCSF. Widespread damage across UCSF Medical Center and Camp)

Email, Everbridge Mobile Safety App

B               

Who: Facilities Management Update

What: *** What is happening*** (Example – Major earthquake has occurred. Multiple building and utility systems impacted)

Where: ***Where is this issue taking place*** (Example – Epicenter of quake reported to be within 5 miles of UCSF. Widespread damage across UCSF Medical Center and Camp)

Impact: ***What is the impact of this incident*** (Example – Reports of damage system wide. Patient surge expected)

**Earthquake
DATE
TIME**

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8. Select appropriate groups based on Tier of Incident. When appropriate groups are selected, move to “OK”

Select Contacts ☐ Use notification escalation ?

*Click to add contacts

1 Individuals	0 Groups	0 Rules	0 Map	Preview contacts
------------------	-------------	------------	----------	----------------------------------

Select Contacts

Select | [Preview](#)

[Individuals](#) [Groups](#) [Rules](#) [Manage Contacts](#)

Group Name or Description

- ☐ AOCs
 - ☐ AOC_Dec 27-Jan 3_K Pattison
 - ☐ AOC_Dec 13-20_D Morgan
 - ☐ AOC_Dec 20-27_D Odat
 - ☐ AOC_Dec 6-13_R Fawley
 - ☒ AOC_Nov 1-8_H Collins
 - ☐ AOC_Nov 15-22_T Mammone
 - ☐ AOC_Nov 22-29_T Mahaney
 - ☐ AOC_Nov 29-Dec 6_C Chiarappa
 - ☐ AOC_Nov 8-15_J Chui
 - ☐ AOC_Oct 11-Oct 18_2017_J Bengfort
 - ☐ AOC_Oct 25-Nov 1_S Antrum
 - ☐ AOC_Oct 4-Oct 11_2017_M Anderson
- ☒ Geo Areas
 - ☒ Hospital Supervisors
 - ☐ MCFM ALL CONTACTS - Polling
- ☒ Mission Bay Adult
- ☒ Mission Bay BCH
- ☒ Mission Bay Periop
- ☒ Mt Zion Unite

Individuals [Remove](#)

Groups [Remove](#)

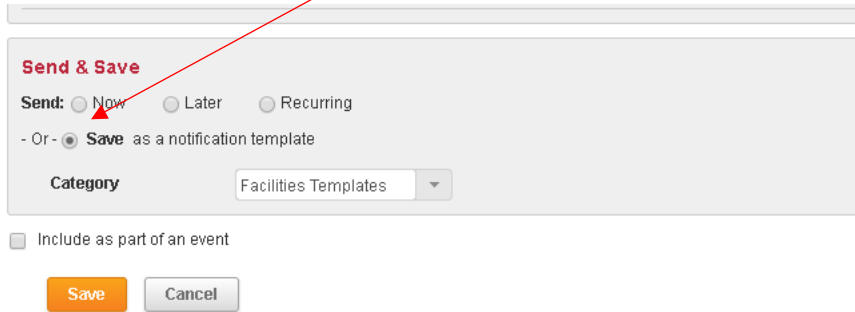
- ☐ AOC_Nov 1-8_H Collins
- ☐ Hospital Supervisors
- ☐ Mission Bay Sups
- ☐ Parnassus_Sups

Rules [Remove](#)

[OK](#) [Cancel](#)

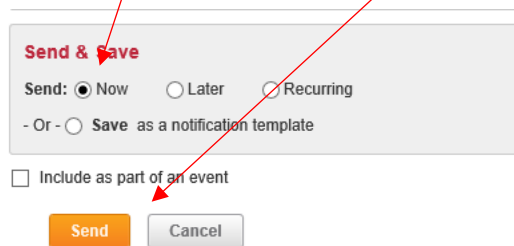
zmin(s)

9. Change template from Template mode to...



The screenshot shows a 'Send & Save' dialog box. The 'Send' section has three radio buttons: 'Now', 'Later', and 'Recurring'. The 'Now' button is selected. Below this, there is a text label '- Or -' followed by a radio button labeled 'Save as a notification template', which is also selected. A 'Category' dropdown menu is set to 'Facilities Templates'. At the bottom, there is a checkbox labeled 'Include as part of an event' which is unchecked. Two buttons, 'Save' and 'Cancel', are at the bottom.

10. "SEND NOW" mode. Hit "SEND"



The screenshot shows the same 'Send & Save' dialog box, but in 'SEND NOW' mode. The 'Now' radio button is selected. The 'Save as a notification template' radio button is now unselected. The 'Include as part of an event' checkbox remains unchecked. The 'Send' button is now visible at the bottom, next to the 'Cancel' button.

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MCFM STANDARD WORK GUIDELINES FOR EMERGENCY OPERATIONS	
EMERGENCY	Standard Operations
Earthquake	<ol style="list-style-type: none"> 1. Drop, Cover, and Hold in current location. Protect your head from falling debris. Find shelter under a sturdy desk/table or against an inside wall. Duck, cover and hold till shaking stops. 2. If inside, remain in the building. Move away from windows, shelving or other furnishings/equipment that may topple or fall on you. Watch for falling objects such as ceiling tiles or light fixtures. Have patients cover their faces with bed linens for protection from falling glass. DO NOT run for exits, stand in doorways or use elevators. 3. If you are outside, get into open space away from buildings or power lines. 4. Wait for shaking to stop and assess surroundings 5. MOD to consider appropriate Everbridge notification group based on P1/P2/P3 triage criteria and follow appropriate workflow and communication contact group (per Section 6 Part E) 6. Provide assistance to those around you in need if you are able 7. Triage your immediate area. Identify major potential hazards such as fire, hazardous materials spill/release, flooding, electrical/trip hazards, and injuries to others nearby. 8. Report significant findings to L210 DOC (if activated) 9. Minimize hazards to reduce further damage or injury. Turn off damaged equipment, and clear away debris for safe pathways. 10. Prepare to extinguish a fire, avoid a hazardous materials spill/release, 11. Prepare for aftershocks. Move items that are likely to fall or move during an aftershock to a safer location (on the floor out of the path, etc.).

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	<ol style="list-style-type: none"> 12. Listen for overhead or radio announcements for instructions on whether to shelter in place or prepare for evacuation. If evacuation ordered, refer to Dept. EAP for primary and secondary assembly locations (Section 4, Part G) 13. Report to L210 Dept Operations Center (DOC) for further instructions <p><u>Communications</u></p> <ol style="list-style-type: none"> 1. Manager On Duty (MOD) - (415-353-4788) 2. Facilities Team - On site via radio 3. Security - (415-885-7890) to assist with crowd control 4. Hospitality - (415-514-6233) to assist in containment 5. UCPD – 9-911 6. INFECTION CONTROL 415-307-8427 (NEED TO VERIFY) for Infection Control related issues if needed
Power Disruption	<ol style="list-style-type: none"> 1. Ensure personal safety by getting away from any active electrical sources or any areas that have become unsafe as a result of the incident 2. Assess immediate area for power failure and be prepared to report location and impact to DOC if needed 3. Provide assistance to those around you in need if you are able 4. Contact for status check the following departments: <ol style="list-style-type: none"> a. Operating Rooms b. Critical Care Units c. Emergency Department d. Information Technology 5. Report to L210 Operations Center (DOC) for further instructions <p><u>Communications</u></p> <ol style="list-style-type: none"> 1. Manager On Duty (MOD) - (415-353-4788) 2. Facilities Team - On site via radio 3. Security - (415-885-7890) to assist with crowd control 4. Hospitality - (415-514-6233) to assist in containment 5. UCPD – 9-911 6. INFECTION CONTROL 415-307-8427 (NEED TO VERIFY) for Infection Control related issues if needed

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<p>Water Intrusion</p>	<p><u>Internal Flood:</u></p> <ol style="list-style-type: none"> 1. Determine source of flood (sewer overflow, broken waterline). 2. Secure water flow to affected area. 3. Assess which departments are affected. 4. Dr. Red to triage incident and notify the MOD at 415-353-4788 for escalation to AOC, Nursing Supervisor and Infection Control if needed. 5. MOD to consider appropriate Everbridge notification group based on P1/P2/P3 triage criteria and follow appropriate workflow and communication contact group (per Section 6 Part E) 6. Notify departments directly affected by the flooding. 7. Contain flood with assistance from Environmental Services. 8. Confer with Administration/Incident Commander on need to call a "Code Dry." 9. Assist with clean up. 10. Return incident response equipment to appropriate storage location (insert location here) 11. Close loop with manager or supervisor of affected areas/departments <p><u>External Flood:</u></p> <ol style="list-style-type: none"> 1. Maintain access to the facility and ensure that runoff water does not block entrances and exits to the Medical Center. 2. Notify the MOD at 415-353-4788 for escalation to AOC, Nursing Supervisor and Infection Control. 3. MOD to consider appropriate Everbridge notification group based on P1/P2/P3 triage criteria and follow appropriate workflow and communication contact group (per Section 6 Part E) 4. Ensure that all normal drainage is free of obstruction, including parking structure. 5. Monitor water supply for contamination. 6. Confer with Administration/Incident Commander on need to call a "Code Dry." 7. Check sewer system for overflow. 8. If flooding cannot be controlled by using portable submersible pumps, call the fire department for assistance. <p><u>Communications</u></p> <ol style="list-style-type: none"> 1. Manager On Duty (MOD) - (415-353-4788) 2. Facilities Team - On site via radio 3. Nursing Supervisor (415-353-1964) 4. Security - (415-885-7890) to assist with crowd control 5. Hospitality - (415-514-6233) to assist in containment 6. UCPD – 9-911 7. INFECTION CONTROL 415-307-8427 for Infection Control related issues if
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<p>HVAC Incident (Heat/Cold)</p>	<ol style="list-style-type: none"> 1. Assess HVAC system impact and project impacts of heat/cold on the facility, equipment and perishables 2. MOD to consider appropriate Everbridge notification group based on P1/P2/P3 triage criteria and follow appropriate workflow and communication contact group (per Section 6 Part E) 3. Determine, with input from appropriate stakeholders, and if possible, alternate cooling measures for patients, perishable supplies and the facility 4. Maintain other utilities and activate alternate systems as needed 5. Investigate and provide recommendations for rental/procurement of portable HVAC units 6. Investigate and provide recommendations for rental/procurement of portable filtration such as HEPA units and temporary isolation capability 7. Identify needed replacement air filters (e.g. HEPA) for HVAC system 8. Assess the HVAC system and prepare a plan and timeline for repair and restoration of service 9. Ensure continuation of patient care and essential services <p><u>Communications</u></p> <ol style="list-style-type: none"> 1. Manager On Duty (MOD) - (415-353-4788) 2. Facilities Team - On site via radio 3. Nursing Supervisor (415-353-1964) 4. Security - (415-885-7890) to assist with crowd control 5. Hospitality - (415-514-6233) to assist in containment 6. UCPD – 9-911 7. INFECTION CONTROL 415-307-8427 for Infection Control related issues if needed
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<p>Elevator Disruption/Entrapment</p>	<ol style="list-style-type: none"> 1. If there is an elevator entrapment, UCPD will receive a call from the elevator and will be notified of a problem. The building location, elevator number, and phone number are visible on the dispatcher's screen. This information will be used by UCPD to dispatch resources to the appropriate area. 2. UCPD will communicate with trapped passengers to assess if there is a medical emergency. 3. ***NOTE***: If a medical emergency is reported, UCPD will immediately contact the San Francisco Fire Department (SFFD) and request a rescue of the entrapped occupants. 4. If no medical emergency is reported, UCPD dispatchers will dispatch an officer to respond and will then call the Campus Customer Service Center (CSC) at 415-476-2021 to report that an entrapment has occurred. 5. The CSC will contact the appropriate elevator maintenance vendor for each site. 6. UCPD will contact Medical Center Security. Medical Center Security will contact Medical Center Facilities Engineers to respond to the impacted elevator. 7. Medical Center Facilities Engineer to stay with the responding UCPD Officer(s), Medical Center Security Officer, and will stay with the elevator car until the vendor can release the trapped occupants. 8. If the elevator vendor is unable to release the trapped occupants, the UCPD Officer on the scene will contact UCPD Dispatch to request a Fire rescue by SFFD. 9. If there is no medical emergency, Medical Center Facilities personnel will work with the elevator maintenance vendor and/or SFFD to extricate all trapped occupants by means other than breaking the elevator doors, where possible. 10. Escalation: Dr Red will escalate to Med Center Facilities Management during normal business hours (Mon-Fri 7:00am-4:30pm), and to MOD during off hours/weekends/UC holidays of ANY work that may impact hospital operations. This includes ANY shutdown of ANY Medical Center elevator.
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	<p>11. MOD to consider appropriate Everbridge notification group based on P1/P2/P3 triage criteria and follow appropriate workflow and communication contact group (per Section 6 Part E)</p> <p><u>Communications</u></p> <ol style="list-style-type: none"> 1. Manager On Duty (MOD) - (415-353-4788) 2. Facilities Team - On site via radio 3. Nursing Supervisor (415-353-1964) 4. Security - (415-885-7890) to assist with crowd control 5. Hospitality - (415-514-6233) to assist in containment 6. UCPD – 9-911 7. ThyssenKrupp - (415-544-8150)/(866)634-5460 8. Otis – (800) 233 – 6847 9. INFECTION CONTROL 415-307-8427 for Infection Control –related issues
Code Dry/Water Shutoff	<ol style="list-style-type: none"> 1. Advise MOD of need for water shutdown 2. MOD to contact AOC and Director of Emergency Management to determine need for Water Shutdown or Code Dry 3. MOD to consider appropriate Everbridge notification group based on P1/P2/P3 triage criteria and follow appropriate workflow and communication contact group (per Section 6 Part E) 4. Coordinate with Security to make overhead announcement of Code Dry 5. Identify and obtain alternate sources of potable water. 6. Secure the main valves. 7. Monitor heating and cooling systems. 8. Notify the water utility company of water loss and estimated time for water main repair and restoration of services. <p><u>Communications</u></p> <ol style="list-style-type: none"> 1. Manager On Duty (MOD) - (415-353-4788) 2. Facilities Team - On site via radio 3. Nursing Supervisor (415-353-1964) 4. Security - (415-885-7890) to assist with crowd control 5. Hospitality - (415-514-6233) to assist in containment



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<p>Fire Life Safety System Disruption</p>	<ol style="list-style-type: none"> 1. If Code Red, be prepared to extinguish flames using RACE/PASS (Section 4 Part E) 2. Notify the MOD at 415-353-4788 for escalation to AOC, Nursing Supervisor and Infection Control. 3. MOD to consider appropriate Everbridge notification group based on P1/P2/P3 triage criteria and follow appropriate workflow and communication contact group (per Section 6 Part E) 4. Note location of system failure/hazard, impacted areas and advise MOD of findings 5. Provide assistance to those around you in need if you are able 6. Triage your immediate area. Identify related potential hazards such as fire, hazardous materials spill/release, flooding, electrical/trip hazards, and injuries to others nearby. 7. Report significant findings to L210 DOC (if activated) 8. Minimize hazards to reduce further damage or injury. 9. Turn off damaged equipment, and clear away debris for safe pathways. 10. Report to L210 Dept Operations Center (DOC) for further instructions <p><u>Communications</u></p> <ol style="list-style-type: none"> 1. Manager On Duty (MOD) - (415-353-4788) 2. Facilities Team - On site via radio 3. Security - (415-885-7890) to assist with crowd control 4. Hospitality - (415-514-6233) to assist in containment 5. UCPD – 9-911 for emergency dispatch 6. UCSF Fire Marshal - 9-911 for emergency dispatch 6. INFECTION CONTROL 415-307-8427 (NEED TO VERIFY) for Infection Control
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SECTION 8 >> RESOURCES & ASSETS

A. Department Go-Bag

- A collection of items assembled together and stored that may be utilized during an emergency.
- Located and secured at [L210](#)

Emergency Supplies & Equipment

- Emergency Supplies & Equipment are stored at/in– [L210](#)

B. Meals Ready to Eat (MRE)

- Location: [NEED TO UPDATE](#)
- Inventory items and contact Nutrition & Food Services for any replacement/issues.

C. Vendor(s)

- See Appendix F

D. Utilities Management & Failures

Equipment that is currently dependent on emergency power.

Equipment	Location	Person Responsible/Position
Moffitt/Long Enunciator Panel	Engineers Workstation	Norma Lopez/Tim Tenorio

E. Hazardous Material & Spill Management

In the event of a hazardous material spill that cannot be safely cleaned by staff, call 9-911 for Environment, Health & Safety's Emergency Response Team.

Hazardous Material	Location	Person Responsible/Position
Oils & Fuels	1M4 Generator Room	Norma Lopez/Tim Tenorio
Oils & Fuels	L100DS Fuel Tank Room	Norma Lopez/Tim Tenorio
Chemicals, Water Treatment	L99MK Mechanical Room	Norma Lopez/Tim Tenorio
Chemicals, Water Treatment	L99MK Mechanical Room	Norma Lopez/Tim Tenorio

- The location of the Spill Kit is located L235B and the Patient Care Manager is the responsible agent.
- The location of the PPE cart is in L199-MH

APPENDIX



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APPENDIX A:

DEPARTMENT MANAGEMENT EMERGENCY CALL-BACK LIST

Phone numbers listed will not be circulated. For those staff who elect to provide their personal contact information, managers should keep this record in a secure location for reference by management//supervisor in an emergency.

Create three lists, Team A (staff members who live in San Francisco or within a 30 min drive of the Medical Center), Team B (staff members who live outside of San Francisco but can be to the Medical Center in less than 45 min), and Team C (staff members who live outside of San Francisco and will take 45 min or longer to be at the Medical Center). Each group will be utilized by each operational period as set forth by the Incident Commander. Note: Please obtain this information by polling your staff.

TEAM A – 20 Min or Less to Hospital							
Employee Name (Last, First)	Shift	Work	Pager Number	Home Phone Number	Cellular Phone Number	Home Address and/or City	Estimated Time to Reach MC
Bird, Andrew	8-4:30pm M-F	353-1125			415-203-5066	San Francisco	10-15 min
Ladwiniec, Alan	7:30-4pm M-F	514-6666	415-443- 1847		415-350-5026	San Francisco	10-15 min
Lopez, Norma	7-3:30pm M-F	514-6355	415-443- 2882	415-715- 6813	415-238-6435	San Francisco	15-20 min
Mace, Bruce	6am-5pm M-F	353-7109	415-443- 1952		415-728-3105	Corte Madera	20 min

TEAM B – 45 Min or Less to Hospital							
Employee Name (Last, First)	Shift	Work	Pager	Home Number	Cellular Phone Number	Home Address and/or City	Estimated Time to Reach MC
De Guzman, Jhoric	8-4:30pm M-F	415-353- 1129	415-443- 2822		415-860-6414	Novato	40 minutes
Obiniana, Edmon	7-3:30pm M-F	415-353- 1126	415-443- 3342		415-713-9313	So. San Francisco	20 minutes
Schikore, George	7:30-4pm M-F	415-353- 8235	415-443- 2352	415-762- 5929	415-309-3040	Petaluma	40 minutes
Tenorio, Tim	7-3:30pm M-F	415-353- 1127	415-443- 6002	415-902- 4780	415606-1025	Alameda	30 minutes

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TEAM C – 45 Minutes + to Hospital							
Employee Name (Last, First)	Shift	Work	Pager Number	Home Phone Number	Cellular Phone Number	Home Address and/or City	Estimated Time to Reach MC
Burris, Brian	7:00-4:00 M-F	353-1271	N/A	N/A	415-203-7098	Windsor	60 min
Cathey, Jordan	7:00-4:00 M-F	415-629- 4740	N/A	619-200-7033	415-629-4740	Richmond (East Bay)	45-60 min
Hall, Anthony	7:00-3:30 M-F		443-6124	951-722-6804	415-535-6509	Fairfield	60 min

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APPENDIX B: EMERGENCY CALL ROSTERS

DEPARTMENT MANAGEMENT EMERGENCY CALLBACK LIST

Phone numbers listed will not be circulated. For those staff who elect to provide their personal contact information, managers should keep this record in a secure location for reference by management//supervisor in an emergency.

UCSF Health Facilities – Management, Supervisors, Projects and Admin Support Roster					
Name - Last, First	Title/Group	Pager	Cell	Office	Email
Mace, Bruce	Director	N/A	415-728-3105	353-7109	bruce.mace@ucsf.edu
Blackman, Tyler	Database Developer	N/A	415-203-1726	476-7563	tyler.blackman@ucsf.edu
Burris, Brian	Facilities Supervisor	N/A	415-203-7098	353-1271	brian.burris@ucsf.edu
Cathey, Jordan	Operations Manager	N/A	415-203-7098	353-1271	brian.burris@ucsf.edu
De Guzman, Jhoric	Associate Director	N/A	415-860-6414	353-1129	jhoric.deguzman@ucsf.edu
DelosReyes, Precious	Admin. Officer - Call Ctr.	N/A	510-386-2025	353-2556	precious.delosreyes@ucsf.edu
Der, Stella	Projects	N/A	415-819-1522	353-8864	stella.der@ucsf.edu
Frazier, Gabriella	Finance Manager	N/A	415-810-6508	514-8328	gabriella.frazier@ucsf.edu
Herrera, Janice	Admin. Officer - Call Ctr.	N/A		502-9615	janice.herrera2@ucsf.edu
Kang, Alison	Admin, Assistant	N/A		514-8329	alison.Kang@ucsf.edu
Kong, Fiona	Database Developer	N/A	415-203-3837	353-3132	fiona.kong@ucsf.edu
Ladwiniec, Alan	Facilities Manager	N/A	415-350-5026	514-6666	alan.ladwiniec@ucsf.edu
Lopez, Norma	Chief Engineer	N/A	415-238-6435	514-6355	norma.lopez@ucsf.edu
Obiniana, Edmon	Associate Director	N/A	415-713-9313	353-1126	edmon.obiniana@ucsf.edu
Orlando, Donald	Projects Supervisor	N/A	650-799-1045	353-1923	don.orlando@ucsf.edu
Ravindra Kumar, Preethi	Program Developer	N/A	415-770-8202	514-5880	preethi.ravinder@ucsf.edu
Schikore, George	Construction Supervisor	N/A	415-309-3040	353-8235	george.schikore@ucsf.edu



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UCSF Health Facilities Management – Trades Roster					
Name - Last, First	Title/Group	Pager	Office	Home/Cell	Email
Arreola, Brenda	Carp	443-0493	353-1765		Brenda.Arreola@ucsf.edu
Bishop, Michael	HVAC	443-5157	353-1132	415-424-7708 cell	Michael.Bishop@ucsf.edu
Brown, Nick	Refer	443-0540	353-1132		Nick.Brown@ucsf.edu
Calgaro, Damiano	Plumb				
Callado, Sonny	BMW	443-2039	353-1132		Aprilsonny.Callado@ucsf.edu
Cruz, Dwayne	Elec	443-0632	353-1132		Dwayne.Cruz@ucsf.edu
Juarez Garcia, Juan	Refer	443-6236	353-1132		Juan.JuarezGarcia@ucsf.edu
Kawasaki, James	HVAC	443-5850	353-1132	650-359-5069	James.Kawasaki@ucsf.edu
Kessler, Forrest	Elec	443-4579	353-1132	650-557-9431	Forrest.Kessler@ucsf.edu
Lee, Ken	Plumb	443-1484	353-1132		Kendrick.Lee@ucsf.edu
Marino, Richard	Paint	443-0071	353-1132		Richard.Marino@ucsf.edu
Olla, Manuel	Mech	443-2957	353-1132	415-221-2613	Manuel.Olla@ucsf.edu
Pham, Thach	Carp	443-0434	353-1765		Thach.Pham@ucsf.edu
Phillips, Mark	BMW	443-7573	353-1132	415-822-6913	Mark.Phillips@ucsf.edu
Poston, John	Paint	443-2620	353-1132	415-752-6032	John.Poston@ucsf.edu
Robbins, Sean	HVAC	443-7874	353-1132		Sean.Robbins@ucsf.edu
Rosales, Julio	Elec	443-5058	353-1132	415-724-6444 cell	Julio.Rosales@ucsf.edu
Schikore, Richard	Carp	443-0030	353-1132	650-738-2149	Richard.Schikore@ucsf.edu
Schuh, Gil	Paint	443-6885	353-1132	415-239-1221	Gilbert.Schuh@ucsf.edu
Thompson, Jason	Mech	443-0095	353-2099	650-333-9388	Jason.Thompson2@ucsf.edu
Washington, Eric	BMW	443-1115	353-1132		Eric.Washington@ucsf.edu
Wong, Jeff	Refer	443-2178	353-1132		Jeffrey.Wong@ucsf.edu
Wong, Ritchie	Plumb	443-9060		415-850-5378	Ritchie.wong@ucsf.edu

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UCSF Health Facilities Management – Engineering Roster

Name - Last, First	Title/Group	Pager	Office	Home/Cell	Email
Chiang, Steven	Engineer	443-1593		425-749-8145	Steven.Chiang@ucsf.edu
Delos Reyes, Arwin	Apprentice Engineer	443-0819		650-242-6338	Arwin.DeLosReyes@ucsf.edu
Doolittle, John	Engineer	443-3490		707-217-3869	John.Doolittle@ucsf.edu
Chiang, Steven	Engineer	443-1593		425-749-8145	Steven.Chiang@ucsf.edu
Delos Reyes, Arwin	Apprentice Engineer	443-0819		650-242-6338	Arwin.DeLosReyes@ucsf.edu
Doolittle, John	Engineer	443-3490		707-217-3869	John.Doolittle@ucsf.edu
Farewell, Edward	Engineer	443-3263		707-365-3087	Edward.Farewell@ucsf.edu
Hall, Anthony	Assistant Chief	443-6124		951-722-6804	Anthony.Hall@ucsf.edu
Lopez, Norma	Chief Engineer	443-2882	514-6355	415-715-6813 415-238-6435	Norma.Lopez@ucsf.edu
Mahan, Moril	Engineer	443-7407	353-1127	510-520-9251	Moril.Mahan@ucsf.edu
Manipud, William	Engineer	443-2267		925-392-8130	William.Manipud@ucsf.edu
Masulit, Nonito	Engineer	443-5559		510-962-2483	Nonito.Masulit@ucsf.edu
Ouk, Jack	Engineer	443-3084		209-277-8974	Jack.Ouk@ucsf.edu
Price, Blake	Engineer	443-6743		714-955-7338	Blake.Price@ucsf.edu
Rocha, Alejandro	Engineer	443-7355		415-535-2417	Alejandro.Rocha@ucsf.edu
Shumate, Brian	Engineer	443-0530		707-321-8645	Brian.Shumate@ucsf.edu
Tenorio, Tim	Assistant Chief	443-6002	353-1127	415-902-4780 415-606-1025	Timothy.Tenorio@ucsf.edu
Van Niekerk, Matt	Engineer	443-6749		209-839-7653	Matthew.VanNiekerk@ucsf.edu

APPENDIX C:

DISASTER REPORTING GRID (SAMPLE – GO TO INTRANET: [HTTPS://DISASTERREPORTGRID.UCSFMEDICALCENTER.ORG/](https://disasterreportgrid.ucsfmedicalcenter.org/))

DISASTER REPORT GRID							
DATE:	NAME OF PERSON REPORTING:			CONTACT NUMBER:			
Location of Department/Unit	Numbers of Staff & Visitors			Environmental Issues	For Facilities Mobilization or Operation Exit ONLY		
Dept. Name/Unit:	Number of Staff Currently on Location	Number of Staff Able to Report to Labor Pool	Number of Patients or Visitors	Power:	# of injured victims requiring transport: _____	# of patients who can go by wheelchair: _____	
	RNs:	Child Care:	Census:	Emergency Power:	# of dead: _____	# of wheelchairs needed: _____	
Location:	PCAs:	Customer Service:	Adults:	Water Faucets:	# of patients on O2: _____	# of patients who need a gurney: _____	
	MDs:	Data Entry:	Pediatrics:	Toilets:	# of patients on ventilators: _____	# of untransportable patients: _____	
Person in Charge:		Decedent Lifter:	Visitors:		# of patients with IV pumps: _____	Other patient/equipment needs: _____	
	Clerical or Admin Staff:	Driver:		Structural Problems:	# of patients who can walk: _____	Describe: _____	
Other Numbers	Other or Staff (non-clinical):	Food Prep:		Broken Glass			
Gurneys: Wheelchairs Taken to ED:	Staff Injured:	General Clerical Other:		Smoke Dust	Patient Classification (account for the quantity/acuity of patients)		
Empty Beds: Discharges Could Be Made		Runner: Safety & Security: Social Work Translator: Warehouse:		Water Leakage Fallen Ceiling Tiles Other:	Level I: Level II:	Level III: Level IV:	

Instructions: Go to <http://disasterreportgrid.ucsfmedicalcenter.org> to fill out the Disaster Report Grid and submit online. However, in the event that electricity and/or internet is down, fill out form and fax or run down the form to the Hospital Command Center.

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APPENDIX D: PERSONNEL ROSTER

To be used after an evacuation to account for staff at your designated assembly area.

ASSEMBLY AREA LOCATION:

Primary	MEDICAL CENTER WAY DRIVEWAY BEHIND L210
Secondary	NEED TO ADD

Name	PRESENT	MISSING	PRIMARY #	SECONDARY #
Arreola, Brenda			443-0493 (p)	
Bird, Andrew			415-203-5066 (p)	353-1125
Bishop, Michael			443-5157 (p)	415-424-7708 cell
Blackman, Tyler			415-203-1726	476-7563
Bradford, Zenobia			415-810-6617	514-8325
Brahney, Dennis			220-2079	415-647-1850
Brown, Nick			443-0540 (p)	
Burris, Brian			415-203-7098	353-1271
Bustillos, Rick			443-5338 (p)	510-352-3712
Callado, Sonny			443-2039 (p)	
Cathey, Jordan			415-629-4740	
Chiang, Steven			443-1593 (p)	425-749-8145
Coniglio, Barry			443-8268 (p)	707-553-1615
Cruz, Dwayne			443-0632 (p)	
De Guzman, Jhoric			415-860-6414	353-1129
Delgado, Alfredo			443-1755 (p)	925-439-2530
Delos Reyes, Arwin			443-0819 (p)	650-242-6338
Delosreyes, Precious			510-386-2025	353-2556
Der, Stella			415-819-1522	353-8864
Donaghue, John			443-1009 (p)	415-720-2649
Doolittle, John			443-3490 (p)	707-217-3869
Espino, Don			443-1288 (p)	650-731-8034
Farewell, Edward			443-3263 (p)	707-365-3087
Frazier, Gabriella			415-810-6508	415-514-8328
Hall, Anthony			443-6124 (p)	951-722-6804 / 415-535-6509
Herrera, Janice				502-9615
Ho, Marvin				514-0553
Juarez Garcia, Juan			443-6236 (p)	
Kang, Alison				514-8329
Kawasaki, James			443-5850 (p)	650-359-5069
Kessler, Forrest			443-4579 (p)	650-557-9431
Kong, Fiona			415-203-3837	353-3132
Ladwiniec, Alan			415-350-5026	514-6666

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Lamsen, Teresita			650-871-5893	476-7795
Lee, Ken			443-1484 (p)	
Lopez, Norma			415-238-6435	514-6355
Lopez, Norma			443-2882 (p)	415-715-6813 / 415-238-6435
Mace, Bruce			415-728-3105	353-7109
Mahan, Moril			443-7407 (p)	510-520-9251
Manipud, William			443-2267 (p)	925-392-8130 / 925-852-7362
Marino, Richard			443-0071 (p)	
Masulit, Nonito			443-5559 (p)	510-962-2483
Obiniana, Edmon			415-713-9313	353-1126
Olla, Manuel			443-2957 (p)	415-221-2613
Orlando, Donald			650-799-1045	353-1923
Ouk, Jack			443-3084 (p)	209-277-8974
Pendleton, Ron			443-9060 (p)	
Pham, Thach			443-0434 (p)	
Phillips, Mark			443-7573 (p)	415-822-6913
Pitts, Drew			443-1879 (p)	415-608-7693
Poston, John			443-2620 (p)	415-752-6032
Price, Blake			443-6743 (p)	714-955-7338
Ravindra Kumar, Preethi			415-770-8202	514-5880
Robbins, Sean			443-7874 (p)	
Rocha, Alejandro			443-7355 (p)	415-535-2417 / 415-203-7471
Rosales, Julio			443-5058 (p)	415-724-6444 cell
Schikore, George			443-2352 (p)	707-762-5929 / 415-309-3040
Schikore, Richard			443-0030 (p)	650-738-2149
Schuh, Gil			443-6885 (p)	415-239-1221
Shumate, Brian			443-0530 (p)	707-321-8645
Tenorio, Tim			443-6002 (p)	415-902-4780 / 415-606-1025
Thompson, Jason			443-0095 (p)	650-333-9388
Tim Mahaney			415-640-2100	885-3517/353-8235
Van Niekerk, Matt			443-6749 (p)	209-839-7653
Washington, Eric			443-1115 (p)	
Wong, Jeff			443-2178 (p)	
Wong, Mike			443-9042 (p)	415-682-3640



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APPENDIX E: Vendor List (11/2017)

Vendor Name	Product	Address	Phone/24 Hour	Contact
A-1 Septic Tank	Septic Pump Services	Hayward, CA	510-886-4455 (Main) 925-394-7848 (24 Hour)	
Able Engineering Services	Engineering Resources	868 Folsom St, San Francisco, CA 94107	415-545-6534	Bob Briones
Advance Elevator Services	Elevator Services	5650 Imhoff Dr Suite B, Concord, CA 94520	916-379-1000	Sean Macdiarmid
Advanced Engineering Sales	Engineering Services		415-507-9373	Kenny
Advanced Pneumatic Tube	Pneumatic Tube Service	3150 Palisades Dr, Corona, CA 92880	951-735-4540	Amy
Airgas - Bpo	Medical Gas	1495 Illinois St, San Francisco, CA 94107	415-648-9353	
Asco Power Service Inc.	Power Utility		209-327-7442	Daniel Boyle
Assa Abloy Entrance Systems Us Inc	Commercial Doors	9746 Dino Dr Elk Grove, CA 95624	916-919-5874 877-237-2687 (Service)	Josh Milbourne
Air Liquide America Corporation	Med. Gas	700 Decoto Road, Union City, Ca 94587-3513	510-429-4200	
Bellanti Plumbing, Inc	Plumbing	121 South Maple Ave., So. San Francisco, Ca 94080	650-588-2990	Ron Bellanti
Besam Automated Entrance Systems	Doors	9746 Dino Drive, Elk Grove, Ca 96624	650-583-2224	Lynn
Brightview Landscape Service, Inc	Landscape Services		650-289-9324	Brandon De Young
Camfil Usa	HVAC/Filter Systems	1500 National Dr, Suite C Sacramento, CA 95834	408-987-7777	Thomas Giamei
Carsten's Yearly Analysis Medical Engineering, Inc.	Med. Gases	44755 Grimmer Blvd, Fremont, CA 94538	800-292-6334	Carsten Lunde
Cda Systems Llc	Air System Services	410 Longfellow Ct, Suite A Livermore, CA 94550	925-667-3400	Memo Manzanares
Chemical Exhaust Protection	HVAC	151 Haskins Way, Ste D So. San Francisco, CA	650-875-7117	Mike Attell

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Cintas	Uniform Cleaning	370 Shaw Rd So. San Francisco, CA 94080	650-589-4300	Eric Coulter
Comcast Business Communications LLC	TV/Internet			Meriko Robert
Controlco	Mechanical Parts	35 Dorman Street, San Francisco, CA 94124	415-647-9445	Hush Tahir
Cosco Fire Protection Inc.	Fire Inspections	7455 Longard Rd, Livermore, CA 94551	925-455-2751	Adam Thors
Cummins Pacific LLC		14775 Wicks Blvd, San Leandro, CA 94577	510-351-6101	Allen B Todd
DI Fan Service & Balancing	Hvac	63 Loma Vista Drive., Burlingame, Ca 94010	650-348-4976	Dave Loutzenheiser
Downing Heating & Air Conditioning, Inc.	Hvac	3070 Kerner Blvd, Suite K, San Rafael, Ca 94901	415-485-1011	Scott James
Ej Weber Electric Company, Inc.	Electrical	1050 Marin St., San Francisco, Ca 94124	415-641-9320	James Coffman
Electric Machine	Motors & Controls	2127 Research Drive # 11, Livermore, Ca 94550	866-467-9770	Don Ferreira
Evoqua Water Tech LLC	Water Quality Services	6617 San Leandro St, Oakland, CA 94621	360-823-5231	Gringer Schiffer
Garratt Callahan	Water Quality Services	50 Ingold Rd, Burlingame, CA 94010	650-201-3096	Mike Bauman
Gabbert Acoustical	Carpentry	1001 Magnolia Ave., Petaluma, Ca 94952	707-773-1613	Dave Gabbert
Grainger	Various	1275 Evans Avenue, San Francisco, CA 94124	415-864-4700	Doug D'Alessio
Hill Rom Co	Medical Beds	130 E. Randolph St., Suite 1000 Chicago, IL 60601	253-509-4043	Matt Mayfield
Jensen Landscaping Services (Landscape)	Landscape Services	1983 Concourse Dr, San Jose, CA 95131	408-446-4555	Paul Van Leeuwen
Meiko USA	Dishwashing Equipment	1349 Heil Quaker Blvd, La Vergne, TN 37086	800-868-3840	Emily White

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Otis Elevator	Elevator Services	444 Spear St # 100, San Francisco, CA 94612	415-416-9496	Cassidy Ragus/Von O’Nan
Pacific Auxiliary Fire Alarm Co	Fire Alarm Services	95 Boutwell St, San Francisco, CA 94124	425-467-9395	Jon Toby
Pacific Coast Trane Service		310 Soquel Way Sunnyvale, CA 94085	408-481-3700	Michael La Barge
Peterson Power Systems	Building Operations Equipment Supplier	2828 Teagarden St, San Leandro, CA 94578		Russel La Chair
Roto Rooter	Plumbing	Po Box 12040, San Francisco, Ca 94112	415-221-2710	Ruth
Signature Construction Co, Inc.	Carpentry	1117 Cambridge Road, Burlingame, Ca 84010	650-343-2752	Pete Enea
Sypult Construction Management & Consulting	Carpentry	44 Lurmont Terrace, San Francisco, Ca 94133	415-747-2300	Scott Sypult
Tecogen Inc	Building Operations Equipment Supplier	45 1st Ave, Waltham, MA 02451	781-466-6400	Joseph Gehret
Thyssenkrupp Elevator – 042	Elevators	2369 Lincoln Ave., Hayward, CA 94544		Alex Chaplyn
Toyota			415-592-0808	Alan Lac

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APPENDIX F: QUICK GUIDE

This Quick Guide is a summary of information that all staff should have near their desk at all times.

DEPARTMENT:	Medical Center Facilities	MAIN PHONE #:	415-353-1120
LOCATION:	505 Parnassus Ave, L210, San Francisco, CA 94143-0204	BACKLINE #:	
MANAGER:	Bruce Mace/Director	CENTRIX #:	415 - 753-4354
Manager Phone #:	415-728-3105	CENTRIX LOCATION:	L210 Conference Room

IMPORTANT CONTACT NUMBERS – MEDICAL CENTER (Please Refer to the Rainbow Chart)

Name	Title/Area	Phone Number(S)	Notes
Disaster Information Hotline	Medical Center	415.885.Stat	For All Employees To Obtain Further Information
Facilities	All Areas	415.353.1120	Help Desk: 415.514.3570
Hospital Command Center (Hcc)	Mount Zion- A114	415.353.4563	May Not Be Activated Or Line May Be Busy, Contact Manager First
Hospital Command Center (Hcc)	Parnassus- M169	415.753.4351	May Not Be Activated Or Line May Be Busy, Contact Manager First
Hospital Command Center (HCC)	Mission Bay – C1891	415.502.9723	May Not Be Activated Or Line May Be Busy, Contact Manager First
Police, Fire, Medical, Haz Mat Spill	Medical/Campus	9+911	
Police, Fire, Medical, Haz Mat Spill	All Other Phones//Off Site Locations	911	
Security	Medical Center	415.885.7890	24/7 Contact Number
Disaster Information Hotline	Medical Center	415.885.Stat	For All Employees To Obtain Further Information

ASSEMBLY AREA LOCATION

Primary	Medical Center Driveway adjacent to CUP
Secondary	NEED TO UPDATE

FIRE ALARMS

Location(s)	Inside corridor adjacent to L210 main entrance
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FIRE EXTINGUISHERS

Location(s)	L210
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MCFM Emergency Action Plan

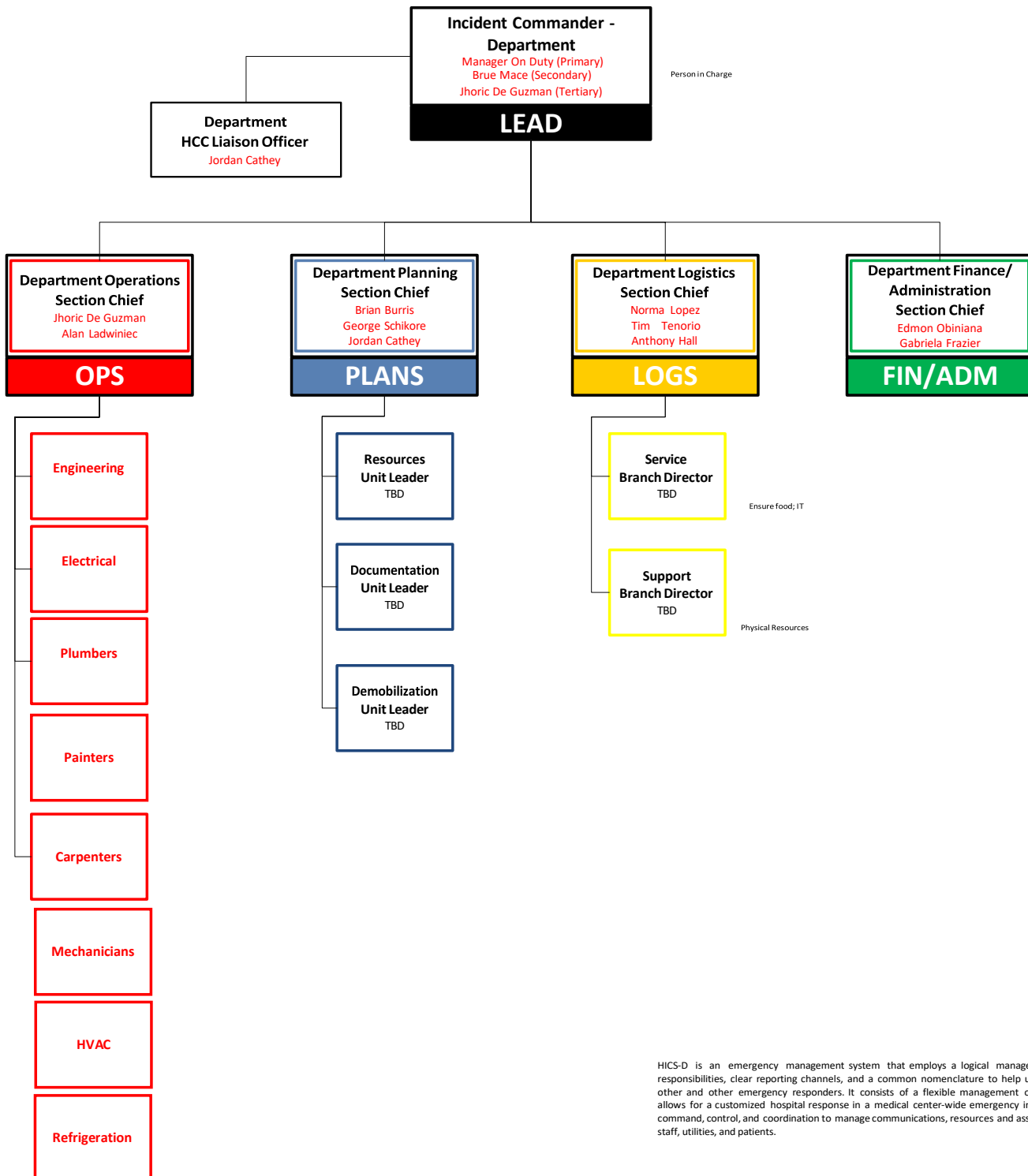
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APPENDIX O:

MCFM Incident Response Team Org Chart

FACILITIES MANAGEMENT INCIDENT RESPONSE TEAM



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APPENDIX P:

IRT Incident Commander Job Action Sheet (JAS)

MCFM IRT INCIDENT COMMANDER

Mission: Organize and direct the Department Operations Center (DOC). Give overall strategic direction for Incident Response Team and support activities, including emergency response and recovery. Approve the Incident Action Plan (IAP) for each operational period.

Position Reports to: Executive Administration		Command Location: _____
Position Contact Information: Phone: (_____) - _____		Radio Channel: _____
Dept Operations Center (DOC): Phone: (_____) - _____		Fax: (_____) - _____
Position Assigned to:	Date: / /	Start: _____:_____ hrs.
Signature:	Initials:	End: _____:_____ hrs.
Position Assigned to:	Date: / /	Start: _____:_____ hrs.
Signature:	Initials:	End: _____:_____ hrs.
Position Assigned to:	Date: / /	Start: _____:_____ hrs.
Signature:	Initials:	End: _____:_____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
Receive appointment <ul style="list-style-type: none"> Gather intelligence, information and likely impact from the sources providing event notification Assume the role of Incident Commander and activate the MCFM Dept. Emergency Operations Center Review this Job Action Sheet Notify your usual supervisor and the Hospital Administrator On-Call (AOC), and the Director of Emergency Management of the incident, and your decision to setup your Dept. Emergency Operations Center. 		
Assess the operational situation <ul style="list-style-type: none"> Activate the Dept. Emergency Action Plan (EAP) and applicable Incident Specific Plans or Annexes Brief Command Staff on objectives and issues, including: <ul style="list-style-type: none"> Size and complexity of the incident Expectations Involvement of additional hospital departments and stakeholders, The situation, incident activities, and any special concerns Seek feedback and further information 		

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<p>Determine the incident objectives, tactics, and assignments</p> <ul style="list-style-type: none">• Determine incident objectives for the operational period• Determine which, if any Command Staff need to be activated:<ul style="list-style-type: none">○ Safety Officer○ Liaison Officer○ Public Information Officer• Determine the impact on affected departments and gather additional information from the Liaison Officer• Appoint a Planning Section Chief (if needed) to develop an Incident Action Plan (IAP)		
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MCFM IRT INCIDENT COMMANDER

<ul style="list-style-type: none"> • Appoint an Operations Section Chief (if needed) to provide support and direction to affected areas • Appoint a Logistics Section Chief (if needed) to provide support and direction to affected areas • Appoint a Finance Section Chief (if needed) to provide support and direction to affected areas • Make assignments and distribute corresponding Job Action Sheets and position identification • Ensure hospital and key staff are notified of the activation of the MCFM Dept. Emergency Action Plan (EAP) • Identify the operational period and any planned Incident Management Team (HIMT) staff shift changes • Conduct a meeting with IMT staff to receive status reports from Section Chiefs and Command Staff to determine appropriate response and recovery levels, then set the time for the next briefing. • Communicate briefing detail 		
Resources <ul style="list-style-type: none"> • Assign one or more clerical personnel from current staffing or make a request for staff to the Logistics Section Chief, if activated, to function as Hospital Command Center (HCC) recorders 		

Intermediate Response (2 – 12 hours)	Time	Initial
Activities <ul style="list-style-type: none"> • Transfer the Incident Commander role, if appropriate <ul style="list-style-type: none"> ○ Conduct a transition briefing to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the hospital ○ Address any health, medical, or safety concerns ○ Address political sensitivities, when appropriate • Schedule regular briefings with Incident Response Team (IRT) staff to identify and plan to: <ul style="list-style-type: none"> ○ Develop, review, and revise the Incident Action Plan (IAP), or its elements, as needed ○ Approve the IAP revisions if developed by the Planning Section Chief, then ensure that the approved plan is communicated to HIRT staff ○ Ensure that safety measures and risk reduction activities are ongoing and re-evaluate if necessary • 		
Documentation <ul style="list-style-type: none"> • HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis 		
Resources <ul style="list-style-type: none"> • Authorize resources as needed or requested by Command Staff or Section Chiefs 		

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APPENDIX Q:

IRT Operations Section Chief Job Action Sheet (JAS)

MCFM IRT OPERATIONS SECTION CHIEF

Mission: Develop and implement strategies and tactics to carry out the objectives established by the MCFM IRT Incident Commander. Organize, assign, and supervise the incident response Operations of all Medical Center Trades, Engineering, and Support personnel

Position Reports to: MCFM IRT Incident Commander		Command Location: _____
Position Contact Information: Phone: () - _____		Radio Channel: _____
Dept. Operations Center (DOC): Phone: () - _____		Fax: () - _____
Position Assigned to: _____	Date: / /	Start: _____:_____hrs.
Signature: _____	Initials: _____	End: _____:_____hrs.
Position Assigned to: _____	Date: / /	Start: _____:_____hrs.
Signature: _____	Initials: _____	End: _____:_____hrs.
Position Assigned to: _____	Date: / /	Start: _____:_____hrs.
Signature: _____	Initials: _____	End: _____:_____hrs.

Immediate Response (0 – 2 hours)	Time	Initial
Receive appointment <ul style="list-style-type: none"> Obtain a briefing from the MCFM IRT Incident Commander on: <ul style="list-style-type: none"> Size and complexity of the incident Expectations of the Incident Commander Incident objectives Involvement of outside agencies, stakeholders, and organizations The situation, incident activities, and any special concerns Assume the role of MCFM IRT Operations Section Chief Review this Job Action Sheet Notify your usual supervisor of your assignment 		
Assess the operational situation <ul style="list-style-type: none"> Obtain information and status from the Medical Center Trades, Engineering, and Support staff on status of all incident-affected utility systems Provide information to the Incident Commander on the operational situation including capabilities and limitations 		

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<p>Determine the incident objectives, tactics, and assignments</p> <ul style="list-style-type: none">• Determine which Operations Section functions need to be activated:<ul style="list-style-type: none">○ Engineering○ Electrical○ Plumbing○ Painters○ Carpenters○ Mechanics○ HVAC○ Refrigeration• Document section objectives, tactics, and assignments on the HICS 204 – Assignment List• Make assignments and distribute corresponding Job Action Sheets and position identification• Determine strategies and how the tactics will be accomplished• Determine needed resources		
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MCFM IRT OPERATIONS SECTION CHIEF

<ul style="list-style-type: none"> • Brief section personnel on the situation, strategies, and tactics, and designate a time for the next briefing 		
<p>Activities</p> <ul style="list-style-type: none"> • Ensure the following are being addressed with the appropriate branch or unit: <ul style="list-style-type: none"> ○ Staff health and safety ○ Patient tracking ○ Patient care ○ Patient family support ○ Transfers into and from the hospital ○ Fatality management ○ Information sharing with other hospitals and local agencies (e.g., emergency medical services, fire, law, public health and emergency management) in coordination with the Liaison Officer ○ Personnel and resource movement through the staging area ○ Documentation ○ Patient care treatment standards and case definitions with public health officials, as appropriate ○ Ensure coordination with any assisting or cooperating agency or corporate command center ○ Personnel needs with Logistics Section Labor Pool and Credentialing Unit Leader, supply and equipment needs with the Logistics Section Supply Unit Leader, projections and needs with the Planning Section, and financial matters with the Finance/Administration Section • Ensure that the Operations Section is adequately staffed and supplied • Communicate with Operations Section personnel to: <ul style="list-style-type: none"> ○ Obtain information and updates regularly from Operations Section Branch Directors and Staging Manager ○ Maintain the current status of all areas • Conduct an Operations Briefing to present the Incident Action Plan (IAP) to clarify staff responsibilities • Collaborate with appropriate Medical-Technical Specialists as needed • Communicate with other Section Chiefs: <ul style="list-style-type: none"> ○ Logistics Section for resource needs and activities ○ Planning Section for activities that have occurred; then keep updated with status and utilization of resources ○ Finance/Administration Section for personnel time records; potential compensation and claims and canceled surgeries and procedures 		

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MCFM IRT OPERATIONS SECTION CHIEF

Resources <ul style="list-style-type: none"> Determine equipment and supply needs; request them from the Logistics Section Assess issues and needs in section areas; coordinate resource management Make requests for external assistance, as needed, in coordination with the Liaison Officer (if appropriate) 		
Communication <i>Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i>		
Safety and security <ul style="list-style-type: none"> Ensure that all section personnel comply with safety procedures and instructions Determine if a communicable disease risk exists; implement appropriate response procedures collaborating with the appropriate Medical-Technical Specialist, if activated Ensure personal protective equipment (PPE) is available and utilized appropriately 		

Intermediate Response (2 – 12 hours)	Time	Initial
Activities <ul style="list-style-type: none"> Transfer the Operations Section Chief role, if appropriate <ul style="list-style-type: none"> Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital Address any health, medical and safety concerns Address political sensitivities, when appropriate Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives Ensure the following are being addressed with the appropriate section, branch, or unit: <ul style="list-style-type: none"> Information sharing with other responding/affected stakeholders (e.g., hospitality, nursing, emergency management, security etc) in coordination with the Liaison Officer Documentation of findings/issues Ensure coordination with any assisting or cooperating departments Personnel needs with Logistics Section Chief, supply and equipment needs with the Logistics Section Chief, projections and needs with the Planning Section Chief, and financial matters with the Finance/Administration Section Chief Ensure that the Operations Section is adequately staffed and supplied Brief the Incident Commander and appropriate staff on the status of the Operations Section Designate a time for a briefing and updates with Operations Section leadership to update the Incident Action Plan (IAP) Schedule meetings (if necessary) with the Branch Directors 		
Resources <ul style="list-style-type: none"> Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed, coordinating with Logistics Section Chief 		

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APPENDIX R:

IRT Planning Section Chief Job Action Sheet (JAS)

MCFM IRT PLANNING SECTION CHIEF

Mission: Oversee all incident related data gathering and analysis regarding incident operations and resource management; develop alternatives for tactical operations; initiate long range planning; conduct planning meetings; and prepare the Incident Action Plan (IAP) for each operational period.

Position Reports to: Incident Commander		Command Location: _____
Position Contact Information: Phone: (_____) - _____		Radio Channel: _____
Dept. Operations Center (DOC): Phone: (_____) - _____		Fax: (_____) - _____
Position Assigned to:	Date: / /	Start: ____:____hrs.
Signature:	Initials:	End: ____:____hrs.
Position Assigned to:	Date: / /	Start: ____:____hrs.
Signature:	Initials:	End: ____:____hrs.
Position Assigned to:	Date: / /	Start: ____:____hrs.
Signature:	Initials:	End: ____:____hrs.

Immediate Response (0 – 2 hours)	Time	Initial
Receive appointment <ul style="list-style-type: none"> Obtain briefing from the MCFM IRT Incident Commander on: <ul style="list-style-type: none"> Size and complexity of the incident Expectations of the Incident Commander Incident objectives Involvement of outside agencies, stakeholders, and organizations The situation, incident activities, and any special concerns Assume the role of MCFM IRT Planning Section Chief Review this Job Action Sheet Notify your usual supervisor of your assignment 		

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Assess the operational situation <ul style="list-style-type: none"> Obtain information and status from the Operations and Logistics Section Chiefs to ensure the accurate tracking of personnel and resources by the Personnel Tracking and Materiel Tracking Managers, if appointed, or the respective Section Chiefs if not Provide information to the Incident Commander on the Planning Section operational situation including capabilities and limitations 		
Determine the incident objectives, tactics, and assignments <ul style="list-style-type: none"> Determine which Planning Section Unit support is needed and make appropriate requests through Logistics Section Determine strategies and how the tactics will be accomplished Determine needed resources Brief assisting personnel on the situation, strategies, and tactics, and designate a time for the next briefing 		
Activities <ul style="list-style-type: none"> Prepare and conduct a planning meeting to develop and validate the incident objectives for the next operational period 		

MCFM IRT PLANNING SECTION CHIEF

<ul style="list-style-type: none"> Coordinate the preparation, documentation, and approval of the Incident Action Plan (IAP) and distribute copies to the Incident Commander and Section Chiefs Obtain and provide key information for operational and support activities, including the impact on affected departments Gather additional information from the Liaison Officer Communicate with the Operations and Logistics Sections for resource needs and projected activities Inform Planning Section support personnel of activities that have occurred; keep updates of status and utilization of resources Communicate with the Finance/Administration Section for personnel time records, potential compensation and claims, and canceled surgeries and procedures Activate Incident Specific Plans or Annexes as directed by the Incident Commander 		
Resources <ul style="list-style-type: none"> Determine equipment and supply needs; request them from the Logistics Section Assess issues and needs in section areas; coordinate for resource planning Make requests for external assistance, as needed, in coordination with the Liaison Officer 		
Safety and security <ul style="list-style-type: none"> Ensure that all section personnel comply with safety procedures and instructions 		

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Intermediate Response (2 – 12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Transfer the Planning Section Chief role, if appropriate <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives • Ensure the following are being addressed: <ul style="list-style-type: none"> ○ Section personnel health and safety ○ Update the Incident Action Plan (IAP) with each operational period ○ Short and long term planning • Ensure that the Planning Section is adequately staffed and supplied • Work with the Incident Commander and other Section Chiefs to identify short and long term issues with financial implications; establish needed policies and procedures • Brief the Incident Commander, Public Information Officer, and Liaison Officer regularly on the status of the Planning Section • Designate a time for briefing and updates with Planning Section leadership to update the IAP if appropriate 		
<p>Resources</p> <ul style="list-style-type: none"> • Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed, coordinating with the Operations and the Logistics Section Chiefs 		

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APPENDIX S

IRT Logistics Section Chief Job Action Sheet (JAS)

MCFM IRT LOGISTICS SECTION CHIEF

Mission: Organize and direct the service and support activities needed to ensure the material needs for the hospital's response to an incident are available when needed.

Position Reports to: MCFM IRT Incident Commander		Command Location: _____
Position Contact Information: Phone: (_____) - _____		Radio Channel: _____
Dept Operations Center (DOC): Phone: (_____) - _____		Fax: (_____) - _____
Position Assigned to:	Date: / /	Start: _____:_____hrs.
Signature:	Initials:	End: _____:_____hrs.
Position Assigned to:	Date: / /	Start: _____:_____hrs.
Signature:	Initials:	End: _____:_____hrs.
Position Assigned to:	Date: / /	Start: _____:_____hrs.
Signature:	Initials:	End: _____:_____hrs.

Immediate Response (0 – 2 hours)	Time	Initial
Receive appointment <ul style="list-style-type: none"> Obtain briefing from the MCFM IRT Incident Commander on: <ul style="list-style-type: none"> Size and complexity of incident Expectations of Incident Commander Incident objectives Involvement of outside agencies, stakeholders, and organizations The situation, incident activities, and any special concerns Assume the role of MCFM IRT Logistics Section Chief Review this Job Action Sheet Notify your usual supervisor of your assignment 		
Assess the operational situation <ul style="list-style-type: none"> Obtain information from the Operations Section Chief regarding current resource deployment and current resources needs Provide information to the Incident Commander on the Logistics Section operational situation including capabilities and limitations 		

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<p>Determine the incident objectives, tactics, and assignments</p> <ul style="list-style-type: none"> • Determine which Logistics Section functions need to be activated: • Support Logistics needs as needed from field • Determine strategies and how the tactics will be accomplished • Determine needed resources • Brief additional section personnel on the situation, strategies, and tactics, and designate a time for the next briefing 		
<p>Activities</p> <ul style="list-style-type: none"> • Ensure the Hospital Command Center (HCC) is set up and equipped with the necessary resources and services including communications and information technology • Appoint an assistant (if needed) to manage the needs of the DOC, if needed 		

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MCFM IRT LOGISTICS SECTION CHIEF

<ul style="list-style-type: none"> • Establish and communicate the process for other sections to request personnel and additional resources • If relocation or additional care locations are necessary, coordinate with Operations and Planning Sections to determine the infrastructure requirements that are necessary to meet the operational needs, and conduct pre-deployment assessments • Establish Logistics Section work procedures (e.g., work hours, rotation schedule, contact list, need for and monitoring of overtime hours) • Coordinate procurement and expense needs with Financial Section Chief to determine proper authority and reimbursement ceilings • Participate in Incident Action Plan (IAP) preparation, briefings, and meetings as needed; assist in identifying strategies; determine tactics, work assignments, and resource requirements 		
<p>Resources</p> <ul style="list-style-type: none"> • Determine equipment and supply needs; request them from the Supply Unit Leader • Assess issues and needs in section areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Liaison Officer (if appropriate) • Determine from all sections levels of personnel and additional resources needed for next operational period • Work with the Finance/Administration Chief on the preparation of additional service and equipment contracts • Maintain the current status of all areas in Logistics Section, inform Planning Section Chief of personnel of activities that have occurred; keep them updated with status and utilization of resources • Inform Finance/Administration Section of personnel time records and potential work-related claims 		

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Intermediate Response (2 – 12 hours)	Time	Initial
<p>Activities</p> <ul style="list-style-type: none"> • Transfer the Logistics Section Chief role, if appropriate <ul style="list-style-type: none"> ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital ○ Address any health, medical and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives • Meet regularly with the MCFM IRT Incident Commander and Hospital Incident Management Team (HIMT) staff to update the status of the response and relay important information on the capabilities and limitations of the Logistics Section • Designate a time for briefing and updates with the Logistics Section personnel to develop recommended updates to the Incident Action Plan (IAP) and to develop demobilization procedures • Ensure the following are being addressed with the appropriate section, branch, or unit: <ul style="list-style-type: none"> ○ Information sharing with other responding/affected stakeholders (e.g., hospitality, nursing, emergency management, security etc) in coordination with the Liaison Officer 		
<ul style="list-style-type: none"> ○ Documentation of findings/issues ○ Ensure coordination with any assisting or cooperating departments ○ Personnel needs with Logistics Section Chief, supply and equipment needs with the Logistics Section Chief, projections and needs with the Planning Section Chief, and financial matters with the Finance/Administration Section Chief • Coordinate and process requests for personnel and resources from other sections • Obtain needed materials and fulfill resource requests with the assistance of the Finance/Administration Section Chief and Liaison Officer • Communicate regularly with Hospital Incident Management Team (HIMT) staff • Ensure that the Logistics Section is adequately staffed and supplied 		
<p>Safety and security</p> <ul style="list-style-type: none"> • Ensure section personnel health and safety issues are being addressed; report issues to the Safety Officer and Employee Health and Well-Being Unit 		

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MCFM IRT LOGISTICS SECTION CHIEF

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APPENDIX S

IRT Finance Section Chief Job Action Sheet (JAS)

MCFM IRT FINANCE SECTION CHIEF

Mission: Monitor the utilization of financial assets and the accounting for financial expenditures.
~~Supervise the documentation of expenditures and cost reimbursement activities.~~

Position Reports to: Incident Commander		Command Location: _____	
Position Contact Information: Phone: (_____) - _____ Radio Channel: _____			
Hospital Command Center (HCC): Phone: (_____) - _____ Fax: (_____) - _____			
Position Assigned to:	Date: / /	Start: ____:____ hrs.	
Signature:	Initials:	End: ____:____ hrs.	
Position Assigned to:	Date: / /	Start: ____:____ hrs.	
Signature:	Initials:	End: ____:____ hrs.	
Position Assigned to:	Date: / /	Start: ____:____ hrs.	
Signature:	Initials:	End: ____:____ hrs.	

Immediate Response (0 – 2 hours)	Time	Initial
Receive appointment <ul style="list-style-type: none"> Obtain briefing from the MCFM IRT Incident Commander on: <ul style="list-style-type: none"> Size and complexity of the incident Expectations of the Incident Commander Incident objectives Involvement of outside agencies, stakeholders, and organizations The situation, incident activities, and any special concerns Assume the role of MCFM IRT Finance/Administration Section Chief Review this Job Action Sheet Notify your usual supervisor of your assignment 		
Assess the operational situation <ul style="list-style-type: none"> Obtain and ensure tracking of financial information and status Evaluate Finance/Administration Section needs and capacity to perform: <ul style="list-style-type: none"> Time cost tracking Procurement cost tracking and assistance Compensation and claims cost tracking 		

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<p>Determine the incident objectives, tactics, and assignments</p> <ul style="list-style-type: none"> • Determine which Finance/Administration Units need to be activated consider subject matter experts in the following: <ul style="list-style-type: none"> ○ Time tracking ○ Procurement ○ Compensation/Claims ○ Payables • Determine strategies and how the tactics will be accomplished • Determine needed resources • Brief assisting personnel on the situation, strategies, and tactics, and designate a time for the next briefing 		
<p>Activities</p> <ul style="list-style-type: none"> • Gather and provide cost implications of incident objectives, activities, and resources 		

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MCFM IRT FINANCE SECTION CHIEF

<ul style="list-style-type: none"> • Ensure that the Incident Action Plan (IAP) is within financial limits established by the Incident Commander • Determine if any special contractual arrangements or agreements are needed • Review existing contracts and Memoranda of Understanding (MOUs) to understand options and fiscal implications of implementation • Obtain information and updates regularly from section units • Provide status updates to the Incident Commander regularly, advising of accomplishments and issues encountered • Provide regular updates to section personnel and inform them of strategy changes, as needed • Communicate regularly with other Section Chiefs <ul style="list-style-type: none"> ○ Logistics Section for resource needs and activities ○ Inform Planning Section of activities that have occurred; keep updated with status and utilization of resources ○ Communicate with the Operations Section for personnel time records, potential compensation and claims, and canceled surgeries and procedures 		
Resources <ul style="list-style-type: none"> • Determine equipment and supply needs; request them from the Logistics Section • Determine issues and needs in section areas; coordinate resource management • Make requests for external assistance, as needed, in coordination with the Liaison Officer 		
Safety and security <ul style="list-style-type: none"> • Ensure that all section personnel comply with safety procedures and instructions 		

Intermediate Response (2 – 12 hours)	Time	Initial
Activities <ul style="list-style-type: none"> ○ Transfer the Finance/Administration Section Chief role, if appropriate ○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external stakeholders in support of the incident ○ Address any health, medical, and safety concerns ○ Address political sensitivities, when appropriate ○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives ○ Approve a cost-to-date incident financial status report to be submitted by the Cost Unit Leader at regular intervals (e.g., every eight hours) summarizing financial data relative to personnel, supplies, other expenditures, and expenses ○ Work with the Incident Commander and other Section Chiefs to identify short- and long-term issues with financial implications; establish needed policies and procedures ○ Brief the Incident Commander, Public Information Officer, and Liaison Officer regularly on the status of the Finance/Administration Section ○ Designate a time for briefing and updates with Finance/Administration Section leadership to update the Incident Action Plan (IAP) if appropriate 		

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Resources <ul style="list-style-type: none">• Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed, coordinating with Operations and Logistics Section Chiefs		
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